

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	METHOD AND SYSTEM FOR KEYSTROKE SCAN RECOGNITION BIOMETRICS ON A SMARTCARD																					
Application Number : Date : First Named Applicant: David S. Bonalle Attorney Docket Number: 70655.2500																						
TOTAL FEE AUTHORIZED \$ 1238 Patent fees are subject to annual revisions on or about October 1st of each year.																						
Filing as large entity																						
BASIC FILING FEE																						
<table border="1"><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 770</td></tr></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770	Subtotal For Basic Filing Fees: \$ 770										
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EXTRA CLAIM FEES																						
<table border="1"><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr><tr><td>Total Claims : 46</td><td>26</td><td>1202</td><td>18</td><td>468</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 468</td></tr></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 46	26	1202	18	468	Independent Claims : 3	0	1201	86	0	Subtotal For Extra Claims Fees: \$ 468			
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AUTHORIZED BILLING INFORMATION																						
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																						
Deposit account number:	192814																					
Access Code	*****																					
Deposit name:	Snell and Wilmer, LLP																					
Deposit authorized name:	Howard I Sobelman																					
Signature:	/HIS																					
Date (YYYYMMDD):	2004-07-01																					
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																						